

STATE COMPLAINT FORM

(Please do not use this form to file Due Process)

An organization or individual may file a signed written complaint under the procedures described in 34 C.F.R. § 300.151-300.152. The complaint must include a statement that a public agency has violated a requirement of Part B of the Act or of part 300; and the facts on which the statement is based. The complaint must allege a violation that occurred not more than one year prior to the date that the complaint is received in accordance with 34 C.F.R. § 300.151 .

Although it is not required in order to file a complaint, you may use this form if you believe a public education agency that is responsible for the provision of special education services has violated requirement(s) of Part B of the Individuals with Disabilities Education Act (IDEA) Amendments of 2004, its implementing regulations, Arizona Revised Statutes, and/ or the Arizona Administrative Code.

The Arizona Department of Education/ Exceptional Student Services Division is ONLY authorized to investigate allegations regarding special education.

PLEASE PRINT CLEARLY OR TYPE

Name of Student(s)

First Last

DOB ____/____/____ Grade ____

First Last

DOB ____/____/____ Grade ____

Name(s) of Parent(s) or Guardian _____
First Last

Address _____ City _____ State _____ Zip _____

Phone Number: Home (____) ____ - ____ Work (____) ____ - ____ Alternate (____) ____ - ____

Name(s) of Complainant *(if different from above)* _____
First Last

Address _____ City _____ State _____ Zip _____

Phone Number: Home (____) ____ - ____ Work (____) ____ - ____ Alternate (____) ____ - ____

Name of School or School District this complaint is regarding: _____

Name of School or School District where the student currently attends: _____

Signature of person filing complaint _____ Date _____

The following page is designed for you to provide this office with information needed in order to accurately process your complaint. Please complete one form per allegation.

Total number of allegations attached:

Questions concerning this form or the complaint process may be addressed by contacting:

Arizona Department of Education, Exceptional Student Services

Attn: Director of Dispute Resolution

1535 West Jefferson, Bin 24, Phoenix, Arizona 85007

Telephone: (602) 542 – 3084 FAX: (602) 364 – 0641

Please send copies of any relevant documents and the completed forms to the above address

ALLEGATION FORM for STATE COMPLAINT

(Please do not use this form to file Due Process)

Please complete one form per allegation. If more space is needed, write on the back of this form.

Name of Student(s) _____ Allegation Number _____

1. What is the alleged violation?

2. What are the facts or evidence on which the allegation is based?

3. What are significant dates and events that may be relevant to this allegation?

4. What documents should be reviewed regarding this allegation?

5. What ideas do you have for how the issue you stated in (1) could be resolved?

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